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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorn	ey Docket No.	·
First Inventor		Walter K. Krauth
Title	Reduced Fr	rontage Garage
_		

(Only for new nonprovisional applications under 37 CFR 1 53(b))

Unity for new nonprovision	onal applications under 37 CFR 1.53	(b)) E	xpress Ma	il Label No.	<u>  ER 5746</u>	97605 US	
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents.					Washington, Do		
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)			7. CD-ROM or CD-R in duplicate, large table or				
Applicant claims	small entity status.	•	Q Nucleatio	omputer Prog	ram (Appendix) no Acid Sequenc	na Cuhminaina	
See 37 CFR 1.27			(if applic	able, all nece:	no Acid Sequent ssary)	re anomission	
3. X Specification (preferred arrangement)			a. Computer Readable Form (CRF)				
Descriptive title of the invention     Cross Reference to Related Applications			b. Specification Sequence Listing on:				
<ul> <li>Statement Reg</li> </ul>	garding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or				
- Reference to s or a computer	equence listing, a table, program listing appendix		_ i i.	paper			
<ul> <li>Background of</li> </ul>	the Invention	•	с. 🗌	Statements ve	erifying identity o	f above copies	
- Brief Summary - Brief Description	y of the Invention on of the Drawings (if filed)		ACC	OMPANYI	NG APPLICA	TION PARTS	
<ul> <li>Detailed Descr</li> </ul>	ription		9. A	ssignment Pa	pers (cover she	et & document(s))	
<ul> <li>Claim(s)</li> <li>Abstract of the</li> </ul>	Disclosure			37 CFR 3.73(t		Power of	
	16	٦.		when there is	_	Attorney	
4. Drawing(s) (35 t	7.5.6. 775) { 76th 516cts	-  -		nformation Di	ation Document sclosure	Copies of IDS	
5. Oath or Declaration	[ Total Pages	_] ]		Statement (ID:		☐ Citations	
a. Wewly exec	cuted (original or copy)  a prior application (37 CFR 1.63 (d))		13. Preliminary Amendment  Return Receipt Postcard (MPEP 503)				
(for continuation/divisional with Box 18 completed)			(Should be specifically itemized)				
	ION OF INVENTOR(S) atement attached deleting inventor(s)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35				
				or its equivaler		10/10/11/20/35	
6. Application Data Sheet. See 37 CFR 1.76				••••	425.00		
18. If a CONTINUING APPL or in an Application Data She	ICATION, check appropriate box, an	d supply t	he requisite ir	nformation be	low and in a prel	iminary amendment,	
Continuation	Divisional Continuation-in-part	(CIP)	of prior a	apolication No ·	10/032,735		
Prior application information:	Examiner Varner S.N	1.		Art Unit: 36			
For CONTINUATION OR DIVIS	IONAL APPS only: The entire disclosur	e of the or	or application	from which a	n oath or doctars	tion is supplied under	
The incorporation can only be	f the disclosure of the accompanying of relied upon when a portion has been it	continuation nadvertent	n or divisional y omitted fron	l application ar n the submitter	nd is hereby incor d application part	porated by reference. s.	
	19. CORRESF						
Customer Number or Bar Co	ode Label (Insert Customer No. or A	Rach bar code	label fiere)	or X	Соттевропоено	e address below	
Name	Walter Krauth						
1118 Hyacinth Ln					<del> </del>		
Address		· · · · · · · · · · · · · · · · · · ·					
City	Peachtree City	Sta	ite G	———— А	Zip Cod	e 30269	
Country	USA	Telepho	one 770	0-631-830	)1 Fax	631-8301	
Name (Print/Type)	Walter K. Krauth			on No. (Attor			
	Marter N. Madelli		regionalic	JIT INU. (ALLOI	1	50/===	
Signature Surden Hour Statement: This form	is estimated to take 0.2 hours to complete	N			Date /	5 Oct. 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (11-01)
Approved for use through 10/31/2002, OMB 0651-0032
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**FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

	370.00
(\$)	425.00

Complete if Known					
Application Number	10/032,735				
Filing Date	28 Dec. 2001				
First Named Inventor	Walter Krauth				
Examiner Name	Varner				
Group Art Unit	3635 .				
Attorney Docket No.					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
X Check ⊠ Credit card Money Other None			3. ADDITIONAL FEES						
Deposit	Account:	Order — -		Large	Entity	Sma	ll Entit	<u>.</u>	
Deposit Account	, toucant			Fee Cod	Fee e (\$)	Fee Cod	Fee le (\$)	Fee Description	Fee Paid
Number Deposit			_	105	130、	205	65	Surcharge - late filing fee or oath	
Account Name				127	50	227	25	Surcharge - late provisional filing fee or cover sheet	-
		zed to: (check all that apply)		139	130	139	130	Non-English specification	
<u> </u>	(s) indicated bek		•	147	2,520	147	2,520	For filing a request for ex parte reexamination	
		) during the pendency of this a ow, except for the filing fee	ppiicauon	112	920°	112	920*	Requesting publication of SIR prior to	
	entified deposit							Examiner action	
		ALCULATION		113	1,840*	1113	1,840	Requesting publication of SIR after Examiner action	
1. BASIC F				115	110	215	(55)	Extension for reply within first month	55
Large Entity				116	400	216	200	Extension for reply within second month	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description Fee	e Paid	117	920	217	460	Extension for reply within third month	,
101 740	201 (370)	Utility filing fee	370	118	1,440.	218	720	Extension for reply within fourth month	
106 330	206 165	Design filing fee	3/0	128	1,960	228	980	Extension for reply within fifth month	
107 510	207 255	Plant filing fee		119	320	219	160	Notice of Appeal	
108 740	208 370	Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal	
114 160	214 80	Provisional filing fee		121	280	221	140	Request for oral hearing	
;	S	UBTOTAL (1) (\$) 370		138	1,510	138	1,510	Petition to institute a public use proceeding	
2 CYTD4 (			_00_	140	110	240	55	Petition to revive - unavoidable	
Z. EXIKA (		FOR UTILITY AND RE			1,280	241	640	Petition to revive - unintentional	
, Tabal Olaisas			ee Paid		1,280		640	Utility issue fee (or reissue)	
Total Claims Independent	.20**	= L X L = L		143	460		230	Design issue fee	
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Manapic Depai	KICIK	ـــــــا -لـــــــا		122	130	122	130	Petitions to the Commissioner	
Large Entity	Small Entity			123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	,	126	180	126	180	Submission of Information Disclosure Stmt	
103 18	203 9	Claims in excess of 20		581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 84	202 42	Independent claims in excess	s of 3	146	740	246	370	Filing a submission after final rejection	·
104 280	204 140	Multiple dependent claim, if a	not paid	110	740	240	220	(37 CFR § 1.129(a))	
109 84	209 42	Reissue independent clair over original patent	ns	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	,
110 18	210 9	" Reissue claims in excess	of 20	179	740	279	(370)	Request for Continued Examination (RCE)	370
•		and over original patent		169	900	169	900	Request for expedited examination	
	SUB	TOTAL (2) (\$)		Other	fee (sp	ecify)		of a design application	370.00
or number	previously paid.	if greater; For Reissues, see	above	*Red	iced by	Basic	c Filina	Fee Paid SUBTOTAL (3) (\$) 55	5.00

SUBMITTED BY		Complete (if applicable)
Name (Print/Type)	Walter Krauth (Automey/Agent)	Telephone 770-631-8301
Signature	Wath Nrunth	Date 1505, 2003

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## In the United States Patent and Trademark Office

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Serial Number: 10/032,735	· · · · · · · · · · · · · · · · · · ·
Appn. Filed: 28 Dec. 2001	
Applicant(s):Walter_Krauth	· · · · ·
Appn. Title: Reduced Frontage Garage	
Examiner/GAU: <u>Varner 3635</u>	<u> </u>
	Mailed: October 15, 2003
	At: Peachtree City, GA.
Request Unde	r MPEP 707.07(j)
Commissioner for Patents Washington, D.C. 20231	
Sir:	
	requests that if the Examiner finds patentable subject Applicant's present claims are not entirely suitable, the pplicant.
Very respectfully,	
Signature of Inventor # 1	Signature of Inventor # 2
1118 Hyacinth Ln	,
Address	Address
Peachtree City, GA. 30269	
	Telephone

In the United States Patent and Trademark Office 10-032-735 Number: \_ 12-29-2000 opn. Filed: \_ Walter K. Krauth Applicant(s): \_ Reduced Frontage Garage Examiner/GAU: Steve M. Varner **Petition for Extension of Time** (Rules 136 and 17(a)-(d)) Outstanding Office Action Mailed 200 3 - June 19 Original Period for Response Expired 200 3 - Sept. 19 Request for Extension of one (1) Month(s) to 2003 October 19 **\$\_\_\_\_** Sml. Ent. Petn. Fee Enc.: 2 \$ 55.00 (1 mo.); □ \$\_\_\_\_\_(3 mo.); □ \$\_\_\_ \_\_ (4 mo.) **Commissioner for Patents** Washington, District of Columbia 20231 Sir: In the above application, applicant(s) respectfully petition that the period for response to the outstanding Office Action indicated above be extended for the additional month(s), also indicated above. A response to such Office Action and the above Petition Fee (Small Entity) are enclosed herewith. (This extension will not extend the time over the statutory period of six months from the date of the Office Action.) Very respectfully, Applicant(s): Walter Krauth 1118 Hyacinth Lane, Peachtree City, GA. 30269 c/o: pro-se <sub>μ</sub> Telephone: <u>770-631-8301</u> **Certificate of Mailing or Faxing** I certify that I will X mail this correspondence with the U.S. Postal Service as First Class Mail in an envelope addressed to "Commissioner for Patents, Washington, DC 20231" 🛮 fax this correspondence to the US Patent and Trademark Office, GAU 3635, at 1-703-305-7687 on the date below. Date: 2003 Sept. 11.

# Capital One

Account Summary
Previous Balance

Previous Balance
Payments, Credits and Adjustments
Transactions

Finance Charges

New Balance Minimum Amount Due Payment Due Date

\$15.00 November 07, 2003

302.59

 Total Credit Line
 \$600

 Total Available Credit
 \$154.71

 Credit Line for Cash
 \$600

 Available Credit for Cash
 \$154.71

#### At your service

To call Customer Relations or to report a lost or stolen card: 1-800-903-3637

For free online account service and special customer offers, log on to:

Send payments to:

Attn: Remittance Processing

Capital One Bank

P.O. Box 530092 Atlanta, GA 30353-0092 Send inquiries to:

P.O. Box 85015

Richmond, VA 23285-5015

#### Important Account Information

Cast your vote on capitalonebowl.com to help select the National Mascot of the Year from the 12 finalists, and be sure to tune in to ABC college football, ESPN, and ESPN2 to see this year's mascot commercials! This year's winner will be announced during the Capital One Bowl, which airs on ABC at 1:00p.m. ET on January 1st.

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	2 09 SEP PIT STOP 2205778430081 FAIRBURN GA	\$20.34
*	3 12 SEP FRACETRAC 415 FAIRBURN GA 4 16 SEP SUS PATENT/TRADEMARK OF ARLINGTON VA	39.72 55.00
13.5	5 17 SEP US PATENTA RADEMARK OF ARBINGTON VA 6 18 SEP RACETRAC 415 FAIRBURN GA	.55.00 37.20
	7 19 SEP COUNTY AUTO PARTS #287 PEACHTREE CTY GA 8 19 SEP WENDYS #8226 Q25 PEACHTREE CIT GA	2.40 4.16
	9 19 SEP WM SUPERCENTER PEACHTREE CIT GA	9.81
	10 29 SEP QT 756 07007560 JONESBORO GA 11 01 OCT FORTIS HEALTH (INSURAN 414-2996188 WI	36.41 179.25
	12 06 OCT CAPITAL ONE MONTHLY MEMBER FEE	6.00

Families in GA EARNING INCOMES UP.TO \$43,240 per year may be eligible for low-cost or free health care coverage FOR THEIR UNINSURED CHILDREN; If you or someone you know has a child without health insurance; call toll free 1.877 KIDS NOW for information about the low-cost of free health care coverage programs in GA

Finance Charges

. Please see reverse side for important information

Balance rate Periodic applied to rate	Corresponding APR	ENANCE
PURCHASES \$.00 .03918% P	14.30%	\$.00
CASH \$.00 .03918% P	14.30%	\$.00

ANNUAL PERCENTAGE RATE applied this period

PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

0.00%

## Capital One

### 0000000 0 4388641855873878 06 0445290302590015008

New Balance	\$445.29
Minimum Amount Due	\$15.00
Payment Due Date	November 07, 2003
Total enclosed	\$
Account Number:	4388-6418-5587-3878

Please print mailing address and/or e-mail changes below using blue or black ink.

Street Apt. #

City State ZIP

Home Phone Alternate Phone

Email Address



#9028080620690835# MAIL ID NUMBER WALTER K KRAUTH 1118 HYACINTH LN PEACHTREE CITY GA 30269-3957

Please write your account number on your check or money order made payable to Capital One Bank and mail in the enclosed envelope.